## PART B - FEE(S) TRANSMITTAL Complete and send this form. Logethe th applicable fee(s), to: <u>Mail</u> Mail Stop IS Commissioner for Patents P.O. Box 1450 NOV 2 2 2006 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885 INSTRUCTIONS: This core should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further cores will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications Note: A certificate of mailing can only be used for domestic mailings of the CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 22850 7590 08/23/2006 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. CUSTOMER NUMBER (Depositor's name 22850 (Signature) (Date FIRST NAMED INVENTOR ATTORNEY DOCKET NO APPLICATION NO. FILING DATE CONFIRMATION NO. 10/510,236 10/14/2004 **Eberhard Fuchs** 259819US0PCT 7045 TITLE OF INVENTION: METHOD FOR PRODUCING AN AQUEOUS ALKALI ACRYLATE SOLUTION ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE APPLN, TYPE SMALL ENTITY \$1400 \$0 \$1700 11/24/2006 nonprovisional NO \$300 **EXAMINER** ART UNIT CLASS-SUBCLASS PUTTLITZ, KARL J 1621 562-598000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list OBLON, SPIVAK, (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. McCLELLAND, MAJER (2) the name of a single firm (having as a member a Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is & NEUSTADT, P.C. Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) 09999912 10519236 (A) NAME OF ASSIGNEE Ludwigshafen, GERMANYFC:1501 BASF Aktiengesellschaft 1409.00 OP 300.00 OP Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). ■ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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